



Discontinued PTO/SD/93 (01-05)

**REVOCATION OF  
POWER OF ATTORNEY WITH  
NEW POWER OF ATTORNEY  
and  
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CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the applications and patent in the attached list.

☒ I hereby appoint the practitioners associated with the Customer Number **00881** regarding the applications and patents in the attached list.

☒ Please change the correspondence address for the applications and patents in the attached list to the address associated with Customer Number **00881**.

I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.17.  
STATEMENT under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date:

Name **MR. N. GOVINDARAJAN**

Telephone:

Title & Company **CHIEF EXECUTIVE OFFICER  
SHAGUN PHARMA SOLUTIONS, INC.**

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

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